

GOVERNMENT OF ANDHRA PRADESH

ABSTRACT

Strengthening the Public Health System – Process for the Establishment of Three Hundred and Sixty (360) Community Health and Nutrition Clusters (CHNCs) – Orders – Issued.

HEALTH, MEDICAL AND FAMILY WELFARE (F1) DEPARTMENT

G.O.Ms.No: 15

Dated: 17.01.2011

Read the following:

1. G.O. Ms No. 92 of Health, Medical and Family Welfare Dept., dated 23.04.2010
2. G.O.Ms. No. 209 of Health, Medical and Family Welfare Dept., dated 18.08.2010
3. G.O.Ms. No. 6 of Health, Medical and Family Welfare Dept., dated 06.01.2011

ORDER

1. In the reference second cited, the Government has ordered for the organisation of the primary health system in to three hundred and sixty (360) Community Health and Nutrition Clusters (CHNCs) across the state and establish 360 Community Health and Nutrition Offices (CHNOs) at the headquarters of the CHNC, coterminous with the referral hospital, in order to ensure universal access to quality health services to the citizens by strengthening supportive supervision and facilitatory guidance to the primary health system; capacity expansion of first and secondary referral hospitals, with special focus on comprehensive emergency obstetric and neonatal (CEMONC) services; and strengthened referral system with reinforced link between sub-centre, PHC and the referral hospital (CHC / Area / District Hospital).

2. The Government has conducted extensive consultations with all stakeholders, including the field staff and the staff associations and unions, to identify the optimum methodology for establishment of CHNS and to define the operational systems and priorities for the CHNCs. After careful consideration of the inputs received from all quarters, the Government hereby order that the CHNCs be made operational and the CHNOs be established at all three hundred and sixty locations with immediate effect.

3. The principal responsibilities of the CHNC - which will be an integrated Mini-Directorate of Health and Family Welfare closest to the people it serves - are to bring down maternal and infant mortality and morbidity, reduce the burden of both communicable and non-communicable diseases, facilitate integration of health, nutrition and economic empowerment interventions and strengthen professional relationship and referral between health institutions, especially between the village, sub-centre and the PHC; and the PHC with the CHC/ Area and District Hospitals.

4. The key functions of CHNC include the following:

- a) supervision and monitoring of the functioning of all sub-centres and PHCs within the CHNC service area and exercise day-to-day administrative control and supervision over the staff of Health, Medical and Family Welfare department within the CHNC jurisdiction;
- b) planning, implementation supervision, co-ordination, trouble-shooting, innovation and monitoring of all activities that would contribute to improved maternal and child health and nutrition, disease prevention, health promotion, effective management of illness and referral of complicated cases;
- c) effective implementation of fixed-day health services, integrated village health and nutrition day interventions, all activities under the National Rural Health Mission

(NRHM), national disease control programmes, emergency transport system, Jawahar Bala Arogya Raksha, private clinical establishment regulation and other public health enactments and programmes and activities of the medical, health and family welfare department;

- d) close supervision of the health and nutrition interventions in the service area of the CHNC through not less than fifteen days of field visits by all CHNC functionaries;
- e) ensuring effective functioning of the sub-centres and primary health centres through supportive supervision, facilitatory guidance and capacity development, especially ensuring fixed day health and nutrition services in the villages by the ANM, PHC Medical Officer and other field staff; comprehensive ante-natal, intra-natal, and post-natal care services, tracking of pregnant and lactating mothers and children, cent per cent institutional deliveries/ skilled birth attendance; integrated management of neonatal and childhood illness, immunisation, growth monitoring and nutrition support and rehabilitation; village health and sanitation, water and food quality monitoring, etc.;
- f) facilitate close collaboration and coordination with the Rural Development, Women and Child Development, Rural Water Supply, Panchayat Raj, and School Education Departments;
- g) sustained capacity development of all functionaries of the health system through supportive supervision and facilitatory guidance, apart from structured training inputs and hands-on practical training at hospitals and health facilities;
- h) continuous information-education-communication and behavior change communication (IEC and BCC) efforts and constant innovation in all activities and increased responsiveness and decentralized decision making process;
- i) close coordination with the referral hospital and ensure seamless referral of patients from the sub-centre and PHC to the referral hospitals and ensuring CEMONC and SNCU services to all citizens;
- j) monitoring and reporting of all health and nutrition activities in the CHNC service area; and
- k) any other assigned by the Government from time to time.

5. Accordingly, the Government in the references cited has ordered that each CHNC will be headed by a Senior Public health Officer (SPHO), who will be supported by a Community health Officer (CHO); Deputy Para Medical Officer (DPMO); Public Health Nurse (PHN); Health Educator (HE); MPHEO / Sub unit Officer (Malaria); Para Medical Ophthalmic Officer (PMOO) and a Senior Assistant. Detailed guidelines are being issued for the rational repositioning of these staff in the CHNO.

6. The Government hereby order for the establishment of Community Health and Nutrition Office (CHNO) at all three-hundred and sixty locations with immediate effect. The DMHO and DCHS shall identify the required office space, duly earmarking two to three rooms for the Office in the referral hospital premises (two rooms, if each room is approximately 15 x 18 feet), three rooms, if the room size is approximately 10 x 12 feet or less. Wherever, a PHC and CHC are located at the same place, the CHNO shall be located in the building less used.

7. In rare locations where no space is available in the referral hospital for the location of CHNO, an appropriate accommodation shall be rented closest to the referral hospital for a period not exceeding one year. Meanwhile, the DMHO and the SPHO – in coordination with PO of ITDA (in the tribal areas) and the Executive Engineer of APHMHIDC (in other than ITDA areas) shall take immediate action to initiate construction of permanent building with the funds provided for this purpose. A prominent board must be displayed in front of all CHNOs duly following the specifications prescribed.

8. Every CHNO shall be furnished with the following:

- i. A Desk with Chair and a Filing cabinet for the SPHO and 15 to 20 chairs for conducting meetings with the PHC MOs / CHNC staff, and a white writing board
- ii. Work stations and chairs for eight people, each fitted with filing cabinets
- iii. A Personal Computer (PC) with accessories like printer, scanner, photo-copier and fax as a single unit.
- iv. Stationery items including the Registers and Computer stationery.
- v. Each CHNC shall be connected with telephone, internet connectivity and mobile connection to the Senior Public Health Officer.

9. The Managing Director of APHMHIDC is directed to prepare and implement an action plan for procurement, supply and commissioning of the above equipment, materials through the most cost-effective and value-for-money procurement in consultation with the Commissioner of Health and Family Welfare, Project Officers of ITDA, and the District Collectors either through a centralized mechanism or through a selective decentralized system. He is also requested to issue necessary instructions to the field staff for undertaking necessary repairs / modification / improvement / refurbishment, wherever required to make the space suitable for location of CHNC office.

10. The CHN Office shall be inaugurated during the month of January / February 2011 with the active participation of the Hon'ble Minister, and People's Representatives duly following the schedule to be decided by the District Collector in consultation with the concerned Minister, MP and MLA / MLC. The inauguration shall be accompanied by a weeklong IEC-BCC campaign on maternal and child health and nutrition, disease prevention, health promotion, school health, etc., in all the major villages in the CHNC service area.

11. The Government hereby order that every CHNC shall be provided with one vehicle on hire-basis, duly following the existing government rules in this regard, to enable the Senior Public Health Officer and other CHNC staff undertake extensive field visits for not less than twenty working days every month. Detailed movement schedule for all CHNC staff shall be drawn up by the SPHO and submitted to the DMHO, DCHS and the District Collector by the twentieth day of the preceding month. Every CHNC staff member shall visit every PHC, one-third of all sub-centres, and twenty per cent of all villages in the CHNC service area every month. The CHNC staff should undertake field visits jointly by two or more persons in order to achieve optimum results. Every staff member should maintain a Field Note Book wherein all important observations should be recorded for review with the PHC staff during the monthly review meeting for follow-up. The SPHO should review the field notes of CHNC staff and monitor follow-up action diligently.

12. The monthly review with the PHC medical officers at the CHNC level will be held every month on the last working day of that month. The SPHO shall review all activities of the PHC diligently and submit a consolidated CHNC report to the DMHO and DCHS by the second day of every month when the district level review shall take place. The Commissioner of Health and Family Welfare is requested to prepare and supply standard templates for PHC, CHNC and District level monthly review meetings.

13. The Government orders that the Mobile Health Units (MHU) hitherto conducting the Fixed-Day Health Services independent of the Primary Health System be integrated with the CHNCs with immediate effect. The Government orders that the District Collector with the

assistance of the DMHO and the SPHOs shall draw up a revised fixed day health schedule (FDHS) by which every sub-centre and the villages surrounding the sub-centre are visited by the MHU atleast once on a fixed-day every month (twice in small CHNC areas). Therefore, each CHNC shall get one or two MHUs based on the distance of sub-centres and PHCs, population to be covered, the number of sub-centres, etc. The MHU, which is hereby redesignated as the PHC-Mobile, shall carry the PHC Medical Officer, the Public Health Nurse and the other senior supervisory field staff of the PHC. This would entail that every PHC Medical Officer shall provide outreach health services, including diagnosis and treatment of non-communicable diseases, for atleast three days every week.

14. The Director of the Indian Institute of Health and Family Welfare (IIH&FW) shall design and organize comprehensive training for all the CHNO staff in close consultation with the CH&FW and the DPH&FW. All CHNO staff shall be trained in all aspects of CHNC functioning by end of March 2011.

15. The NRH Mission Director and Commissioner of Health and Family Welfare is instructed to release the following amount from the Mission Flexi-Pool/RCH Flexi-pool of NRHM 2010-11 for the establishment and operationalisation of CHNCs:

SN	Agency	Purpose	Budget Head	Amount (Rs lakhs)	Remarks
1	APMHIDC & CH&FW & District Collectors	Furniture, Computers, Stationery Etc.	From overall savings under Mission Flexi-pool	360	
2	APMHIDC & Commissioner of TW	100 CHNC Buildings	Strengthening of CHNCs under Mission Flexi-pool	500	For the buildings in ITDA area, the funds be released to CTW
3	District Health Society	Minor Repairs, Refurbishment, Name Board, Minor Furniture, Inauguration of CHNO, Consumables, etc.	From District Health Society funds	180	Rs 50,000 per CHNC
4	District Health Society	Transport for the CHNO	Programme Management under RCH Flexi- pool	194	
5	IIH&FW	Training of SPHOs and other CHNO staff	Trainings under RCH Flexi-pool	56	
Total				1,290	

16. The Commissioner of Health and Family Welfare, Director of Health and Family Welfare, Managing Director of the APHMIDC, Director of IIH&FW and the District Collectors are requested to take necessary action in this regard.

17. This memo is issued after with the concurrence of Finance Department vide their U.O. No. 12446/194/A2/Expr.M&H.II/10, Dt 11.11.2010.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

DR P.V. RAMESH
PRINCIPAL SECRETARY TO THE GOVERNMENT

To

The Commissioner of Health and Family Welfare

The Director of Public Health and Family Welfare

The Managing Director of APHMIDC

District Collector and Chairman of the District Health Society of all Districts

The Director of IIH&FW, Vengal Rao Nagar, Hyderabad

Copy to:

1. The Secretary to Government of India, Ministry of Health and Family Welfare, Nirman Bhavan, New Delhi
2. The Director-General of Health Services, Ministry of Health and Family Welfare, Government of India, Nirman Bhavan, New Delhi.
3. The Mission Director, NRHM, Nirman Bhavan, New Delhi.
4. Director of Medical Education / Director of IPM / Commissioner of AYUSH / Director General of Drug Control Administration / Project Director of APSACS / Vice-Chancellor of NTR University of Health Sciences /
5. The Principal Secretary to Government, Tribal Welfare Department
6. The Commissioner of Tribal Welfare, Samkshema Bhavan Masab Tank, Hyderabad
7. The Chief Engineer (TW), Samkshema Bhavan Masab Tank, Hyderabad
8. The Chief Engineer of APHMHIDC, Kothi Health Office Complex, Hyderabad
9. The Commissioner of AP Vaidya Vidhana Parishad
10. All Project Officers of Integrated-Tribal Development Agencies (ITDA)
11. All District Medical and Health Officers
12. All District Coordinators of Health Services of APVVP
13. All Superintendents of Area and District Hospitals
14. All Regional Directors of Health
15. All Superintendents of Teaching / District / Area Hospitals
16. All Senior Public Health Officers of CHNOs of the State
17. All Medical Officers of Primary Health Centres in the State
18. Director, SPMU of HM &FW Department
19. The Director of Treasury and Accounts, AP Hyderabad.
20. The OSD to Minster for Medical and Health Department, AP Secretariat, Hyderabad.
21. The PS to the Special Chief Secretary to Government, Medical and Health Department
22. All staff Associations
23. All Officers / Sections in HM&FW Dept.

//FORWARDED BY ORDER//

SECTION OFFICER